



DEPARTMENT OF COMMUNITY
DEVELOPMENT
PLANNING DIVISION
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: 860.561.7555 FAX: 860.561.7504
www.westhartfordct.gov

PERMIT APPLICATION FOR: (check one of the following)

☐ Lot Split
 ☐ Special Use Permit
 ☐ Site Plan
☐ Lot Line Revisions
 ☐ Subdivision
 ☐ Building Line

FOR OFFICE USE ONLY:

File #: _____ Date Received: _____
 Street Address of Proposed Application: _____
 Zone: _____ Acreage/Lot Area: _____ Parcel/Lot#: _____
 Application Fee: _____ Surcharge Fee: _____ Affidavit Fee: _____

Applicant's Interest in Property: _____

Brief Description of Proposed Activity: _____

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

Record Owner's Name _____

Applicant's Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone # _____

Telephone # _____

Contact Person:

Name _____

Applicant's Signature _____

Street _____

Signature of Owner/Authorized Agent _____

City _____ State _____ Zip _____

Telephone # _____

Email Address _____